

SERFF Tracking Number:	ELAS-126593684	State:	Arkansas
Filing Company:	MONY Life Insurance Company of America	State Tracking Number:	45545
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Amendment to Application		
Project Name/Number:	180-237/180-237J and 180-237S		

Filing at a Glance

Company: MONY Life Insurance Company of America

Product Name: Amendment to Application

SERFF Tr Num: ELAS-126593684 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed
State Tr Num: 45545

Sub-TOI: L08.000 Life - Other

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Audrey Arnold, Samra
Mekbeb, Roxanne Persaud,
Sabrena Lallmohamed

Disposition Date: 04/30/2010

Date Submitted: 04/29/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 180-237

Status of Filing in Domicile: Not Filed

Project Number: 180-237J and 180-237S

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We are preparing and submitting these filings simultaneously, and will submit this filing to our state of domicile, Arizona, shortly.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/30/2010

Explanation for Other Group Market Type:

State Status Changed: 04/30/2010

Deemer Date:

Created By: Audrey Arnold

Submitted By: Audrey Arnold

Corresponding Filing Tracking Number:

Filing Description:

April 29, 2010

SERFF Tracking Number: ELAS-126593684 State: Arkansas
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VIA SERFF

Ms. Julie Benafield Bowman
Insurance Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: MONY Life Insurance Company of America (MLOA)
NAIC No.: 968-78077 FEIN No.: 86-0222062
Form No. 180-237J – Application Amendment
Form No. 180-237S – Application Amendment
SERFF Tracking Number: ELAS-126593684

Dear Commissioner Benafield Bowman:

We are filing for your approval the above-referenced forms. These forms replace previously approved forms EV 237-400 approved by the Department, on May 10, 2006, (SERFF Tracking Number SERT-6P8K2E415/00), and EV 237-401 approved by the Department, on May 10, 2006, (SERFF Tracking Number SERT-6P8K2E415/00).

Form 180-237J will be used with applications when there are multiple insureds, Form 180-237S will be used with applications when there is one insured. The only difference between the above-referenced forms and the previously approved forms is the references to "Owner" instead of "Purchaser" and "Proposed Insured" instead of "Applicant" on the signatures lines at the bottom of the forms.

These amendments endorse application form number AMIGV-2009, approved by the Department on October 22, 2008, (SERFF Tracking Number ELAS-125849305, State Tracking Number 40557) as well as any application supplements we use with the specified application form. These amendments will modify items on the application, such as benefits, face amount, policyowner, etc. The signed amendments will be attached to the application and made part of the policy.

When the policy is a MEC we will include a TAMRA disclosure to the forms, please see the attached Memorandum of Variable Material.

There are no unique or innovative features in these forms, nor are there any unusual material financial risks associated with the sales of these forms. Both forms will be used for new business.

We are submitting the filing fee, in the amount of \$100.00, through EFT.

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We request that the information contained in this letter and any attachments hereto be treated as confidential and be exempted from disclosure in accordance with the Freedom of Information law or other similar laws, and that we be notified prior to any proposed release of this information.

Please call me collect at the above number if you have any questions or need additional information regarding this filing.

Sincerely,

Estella A. Devian
 Vice President

Company and Contact

Filing Contact Information

Estella A. Devian, Vice President estella.devian@axa-financial.com
 1290 Avenue of the Americas, 14th Floor 212-314-2921 [Phone]
 New York, NY 10104 212-707-7493 [FAX]

Filing Company Information

MONY Life Insurance Company of America CoCode: 78077 State of Domicile: Arizona
 1290 Avenue of the Americas, 14th Floor Group Code: 968 Company Type: Insurance
 Company
 New York, NY 10104 Group Name: State ID Number:
 (212) 314-2921 ext. [Phone] FEIN Number: 86-0222062

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MONY Life Insurance Company of America	\$100.00	04/29/2010	36076390

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/30/2010	04/30/2010

<i>SERFF Tracking Number:</i>	<i>ELAS-126593684</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MONY Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>45545</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
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<i>Project Name/Number:</i>	<i>180-237/180-237J and 180-237S</i>		

Disposition

Disposition Date: 04/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Memorandum of Variable Material		Yes
Form	Amendment to Application		Yes
Form	Amendment to Application		Yes

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Form Schedule

Lead Form Number: 180-237J

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	180-237J	Application/ Amendment to Enrollment Application Form	Initial		50.800	180-237J.pdf
	180-237S	Application/ Amendment to Enrollment Application Form	Initial		50.800	180-237S.pdf

AMENDMENT TO APPLICATION

Name of
Proposed Insured _____ Application Dated _____
First Middle Initial Last

Name of Joint or
2nd Proposed Insured _____ Policy Number _____
First Middle Initial Last

- ☐ **TO AXA EQUITABLE LIFE INSURANCE COMPANY**
☐ **TO MONY LIFE INSURANCE COMPANY OF AMERICA**

The application is hereby amended by the undersigned in the following particulars:

[TAMRA Language]

This amendment is to be taken as a part of said application, subject to the agreement therein contained; said application and this amendment thus taken as a whole are to be considered as the basis for and as a part of the policy. To the best of my (our) knowledge and belief, in all other respects the statements and answers in the application continue to be, without material change, true and complete as of the date of this amendment.

Dated at _____ on _____
(City) (State)

Signature of Owner if other than Proposed Insureds

Signature of Proposed Insured

Signature of Joint or 2nd Proposed Insured

Agent: _____

Agency: _____

AMENDMENT TO APPLICATION

Name of
Proposed Insured _____ Application Dated _____
First Middle Initial Last

Policy Number _____

- ☐ **TO AXA EQUITABLE LIFE INSURANCE COMPANY**
☐ **TO MONY LIFE INSURANCE COMPANY OF AMERICA**

The application is hereby amended by the undersigned in the following particulars:

[TAMRA Language]

This amendment is to be taken as a part of said application, subject to the agreement therein contained; said application and this amendment thus taken as a whole are to be considered as the basis for and as a part of the policy. To the best of my (our) knowledge and belief, in all other respects the statements and answers in the application continue to be, without material change, true and complete as of the date of this amendment.

Dated at _____ on _____
(City) (State)

Signature of Owner if other than Proposed Insured

Signature of Proposed Insured (Parent, Guardian or Applicant
must sign if Proposed Insured is a Child, Issue ages 0-14)

Agent: _____

Agency: _____

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification
Comments:
Attached is our signed readability certification.
Attachment:
MLOA AR Readability Certification.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application
Bypass Reason: We are not including a policy with this submission.
Comments:

Item Status: **Status**
Date:

Satisfied - Item: Memorandum of Variable Material
Comments:
Attached is the memorandum of variable material, which pertains to this submission.
Attachment:
Memo of Variable Material 180-237S&J.pdf

MONY LIFE INSURANCE COMPANY OF AMERICA

READABILITY CERTIFICATION

This is to certify that the attached forms listed below have achieved a Flesch Reading Ease Score that complies with the requirements of Arkansas Stat. Ann. SS 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>FORM NUMBER</u>	<u>SCORE</u>
180-237J	50.8
180-237S	50.8

BY:

Estella A. Devian

Signature

Estella A. Devian
Name

Vice President
Title

April 29, 2010
Date

MEMORANDUM OF VARIABLE MATERIAL FOR 180-237S AND 180-237J

The following language will be added to 180-237S when the single life policy is a MEC:

The application is hereby amended by the undersigned in the following particulars:

Notice and Acknowledgement of Potential Income Tax Implications for Modified Endowment Contracts

The 1988 Tax Act changed the income taxation of distributions from certain affected life insurance policies called modified endowment contracts. Generally a life insurance contract will be considered a modified endowment contract when the amount of premium paid during the early years of the contract exceeds certain limits relative to the amount of total life insurance purchased. Due to the amount of premium I plan to pay into this policy, I have been advised that my contract will be a modified endowment contract.

The Act did not change the income tax-free treatment of insurance benefits payable to the beneficiary upon the death of the insured, nor the income tax deferred treatment of the growth of cash value within a policy. I understand, however, that since the proposed policy is a modified endowment contract, all other distributions (including policy loans, withdrawals, and certain dividend distributions or partial surrenders) will be considered to be a distribution of any gain in the contract first. That is, distributions will be includible in income to the extent there is any gain in the contract. In addition, similar to the case when an early distribution is taken from an IRA, a 10% penalty tax is imposed by the IRS on the taxable portion of any distributions made prior to age 59 1/2 (except upon disability or if taken in the form of a series of substantially equal periodic payments made for the life (or life expectancy) of the taxpayer or joint lives (or joint life expectancies) of the taxpayer and his or her Beneficiary).

I do not wish to modify my planned premium payments to avoid this adverse taxation. I have read the above Acknowledgment of Potential Federal Income Tax Implications. I understand that my premium payments will cause the proposed policy to be a modified endowment contract. I also understand the potential income tax effects of a distribution from a modified endowment contract.

This amendment is to be taken as a part of said application, subject to the agreement therein contained; said application and this amendment thus taken as a whole are to be considered as the basis for and as a part of the policy. To the best of my knowledge and belief, in all other respects the statements and answers in the application continue to be, without material change, true and complete as of the date of this amendment.

The purpose of this statement is to inform you of the income taxation of life insurance based upon our understanding of the information currently available. It is not intended to provide you with legal advice which neither AXA Equitable nor its agents can give. Therefore, if you have any questions as to the applicability of any provisions of the law you should seek your own tax and legal advice.

Dated at on (City) (State) _____

Signature of Owner if other than Insured Signature of Insured _____

Agent: Agency: _____

The following language will be added to 180-237J when the joint life policy is a MEC:

The application is hereby amended by the undersigned in the following particulars:

Notice and Acknowledgment of Potential Income Tax Implications For Modified Endowment Contracts

The 1988 Tax Act changed the income taxation of distributions from certain affected life insurance policies called modified endowment contracts. Generally a life insurance contract will be considered a modified endowment contract when the amount of premium paid during the early years of the contract exceeds certain limits relative to the amount of total life insurance purchased. Due to the amount of premium I (we) plan to pay into this policy, I (we) have been advised that the contract will be a modified endowment contract.

The Act did not change the income tax-free treatment of insurance benefits payable to the beneficiary upon the death of the insured, nor the income tax deferred treatment of the growth of cash value within a policy. I (We) understand, however, that since the proposed policy is a modified endowment contract, all other distributions (including policy loans, withdrawals, and certain dividend distributions or partial surrenders) will be considered to be a distribution of any gain in the contract first. That is, distributions will be includible in income to the extent there is any gain in the contract. In addition, similar to the case when an early distribution is taken from an IRA, a 10% penalty tax is imposed by the IRS on the taxable portion of any distributions made prior to age 59 1/2 (except upon disability or if taken in the form of a series of substantially equal periodic payments made for the life (or life expectancy) of the taxpayer or joint lives (or joint life expectancies) of the taxpayer and his or her Beneficiary).

I (We) do not wish to modify my (our) planned premium payments to avoid this adverse taxation. I (We) have read the above Acknowledgment of Potential Federal Income Tax Implications. I (We) understand that my (our) premium payments will cause the proposed policy to be a modified endowment contract. I (We) also understand the potential income tax effects of a distribution from a modified endowment contract.

This amendment is to be taken as a part of said application, subject to the agreement therein contained; said application and this amendment thus taken as a whole are to be considered as the basis for and as a part of the policy. To the best of my (our) knowledge and belief, in all other respects the statements and answers in the application continue to be, without material change, true and complete as of the date of this amendment.

The purpose of this statement is to inform you of the income taxation of life insurance based upon our understanding of the information currently available. It is not intended to provide you with legal advice which neither AXA Equitable nor its agents can give. Therefore, if you have questions as to the applicability of any provisions of the law you should seek your own tax and legal advice.

Dated at (City) (State) _____

Signature of Owner if other than Insured Signature of Insured _____

Signature of Joint or 2nd Insured or Parent if Insured is a juvenile _____

Agent: Agency: _____